

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**JEAN FRANCOIS LUONG, M.D. )**

**Case No. 800-2014-005775**

**Physician's and Surgeon's )  
Certificate No. A48809 )**

**Respondent )**

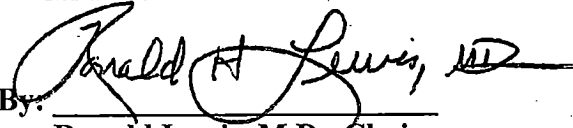
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on January 25, 2019.**

**IT IS SO ORDERED December 27, 2018.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
**Ronald Lewis, M.D., Chair  
Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 MACHAELA M. MINGARDI  
Deputy Attorney General  
4 State Bar No. 194400  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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6 Facsimile: (415) 703-5480  
*Attorneys for Complainant*

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **JEAN FRANCOIS LUONG, M.D.**

14 295 O'Connor Drive  
15 San Jose, CA 95128-1624

16 Physician's and Surgeon's Certificate No.  
17 A48809

18 Respondent.

Case No. 800-2014-005775

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
24 of California (Board). She brought this action solely in her official capacity and is represented in  
25 this matter by Xavier Becerra, Attorney General of the State of California, by Machaela M.  
26 Mingardi, Deputy Attorney General.

2. Respondent Jean Francois Luong, M.D., (Respondent) is represented in this proceeding by attorney Bradford J. Hinshaw, Esq., whose address is: Hinshaw, Marsh, Still & Hinshaw, LLP, 12901 Saratoga Avenue, Saratoga, CA 95070.

3. On or about October 22, 1990, the Board issued Physician's and Surgeon's Certificate No. A48809 to Jean Francois Luong, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-005775, and will expire on January 31, 2020, unless renewed.

#### JURISDICTION

4. Accusation No. 800-2014-005775 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 4, 2017, Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-005775 is attached as exhibit A and incorporated herein by reference.

#### ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-005775. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

//

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2014-005775, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest  
8 those charges.

9 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
10 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
11 Disciplinary Order below.

12 CONTINGENCY

13 12. This Stipulation shall be subject to approval by the Medical Board of California.  
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
15 Board of California may communicate directly with the Board regarding this stipulation and  
16 settlement, without notice to or participation by Respondent or his counsel. By signing the  
17 Stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
18 to rescind the Stipulation prior to the time the Board considers and acts upon it. If the Board fails  
19 to adopt this Stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
21 action between the parties, and the Board shall not be disqualified from further action by having  
22 considered this matter.

23 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
25 signatures thereto, shall have the same force and effect as the originals.

26 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following  
28 Disciplinary Order:

**DISCIPLINARY ORDER**

**A. PUBLIC REPRIMAND**

IT IS HEREBY ORDERED that Respondent Jean Francois Luong, M.D., Physician's and Surgeon's Certificate No. A48809, shall be and hereby is public reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in connection with Respondent's inappropriate management of Patient P-1's chronic pain and medications; Respondent's inaccurate documentation of Patient P-1's cause of death on her death certificate; and his failure to maintain adequate and accurate records related to the care of patient P-1, as set forth in Accusation No. 800-2014-005775.

**B. PRESCRIBING PRACTICES COURSE**

Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within six (6) months of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

If Respondent fails to enroll in or successfully complete the prescribing practices course

1 within the designated time period, Respondent shall receive a notification from the Board or its  
2 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
3 Respondent shall not resume the practice of medicine until she has completed the prescribing  
4 practices course. Failure to enroll in or successfully complete the prescribing practices course  
5 within the designated time period shall constitute unprofessional conduct and grounds for further  
6 disciplinary action.

7 **C. MEDICAL RECORD KEEPING COURSE.**

8 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
9 course in medical record keeping approved in advance by the Board or its designee. Respondent  
10 shall provide the approved course provider with any information and documents that the approved  
11 course provider may deem pertinent. Respondent shall participate in and successfully complete  
12 the classroom component of the course not later than six (6) months after Respondent's initial  
13 enrollment. Respondent shall successfully complete any other component of the course within  
14 six (6) months of enrollment. The medical record keeping course shall be at Respondent's  
15 expense and shall be in addition to the Continuing Medical Education (CME) requirements for  
16 renewal of licensure.

17 A medical record keeping course taken after the acts that gave rise to the charges in the  
18 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
19 or its designee, be accepted towards the fulfillment of this condition if the course would have  
20 been approved by the Board or its designee had the course been taken after the effective date of  
21 this Decision.

22 Respondent shall submit a certification of successful completion to the Board or its  
23 designee not later than 15 calendar days after successfully completing the course, or not later than  
24 15 calendar days after the effective date of the Decision, whichever is later.

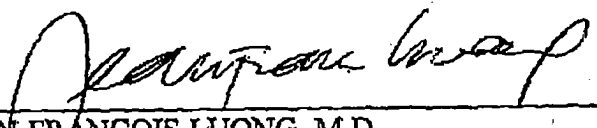
25 If Respondent fails to enroll in or successfully complete the medical record keeping course  
26 within the designated time period, Respondent shall receive a notification from the Board or its  
27 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
28 Respondent shall not resume the practice of medicine until she has completed the medical record

1 keeping course. Failure to enroll in or successfully complete the medical record keeping course  
2 within the designated time period shall constitute unprofessional conduct and grounds for further  
3 disciplinary action.

4  
5 ACCEPTANCE

6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
7 discussed it with my attorney, Bradley J. Hinshaw, Esq. I understand the Stipulation and the  
8 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated  
9 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be  
10 bound by the Decision and Order of the Medical Board of California.

11  
12 DATED: 10/8/2018

  
13 JEAN FRANCOIS LUONG, M.D.  
14 Respondent

15 I have read and fully discussed with Respondent Jean Francois Luong, M.D. the terms and  
16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
17 I approve its form and content.

18  
19 DATED: 10-8-18

  
20 BRADLEY J. HINSHAW, ESQ.  
21 Attorney for Respondent

22  
23  
24  
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27 //  
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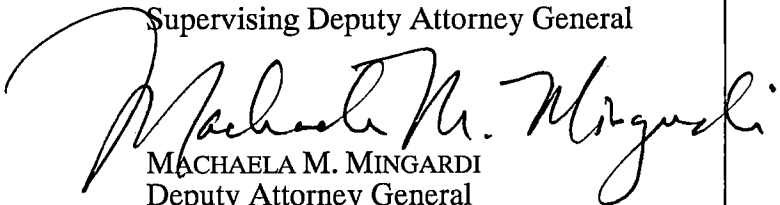
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 10/18/2018

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General

  
MACHAELA M. MINGARDI  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2014-005775**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 MACHAELA M. MINGARDI  
Deputy Attorney General  
4 State Bar No. 194400  
455 Golden Gate Avenue, Suite 11000  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO MAY 11 2017  
BY: [Signature] ANALYST

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2014-005775

13 **Jean Francois Luong, M.D.**  
14 295 O'Connor Drive  
San Jose, CA 95128

**A C C U S A T I O N**

15 Physician's and Surgeon's Certificate  
No. A48809,

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On October 22, 1990, the Medical Board issued Physician's and Surgeon's Certificate  
23 Number A48809 to Jean Francois Luong, M.D. (Respondent). The Physician's and Surgeon's  
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
25 expire on January 31, 2018, unless renewed.

26 ///

27 ///

28 ///

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 of the Code states, in relevant part:

“The board shall have the responsibility for the following:

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

“(b) The administration and hearing of disciplinary actions.

“(c) Carrying out of disciplinary actions appropriate to findings made by a panel or an administrative law judge.

“(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

“(e) Reviewing the quality of medical practices carried out by physician and surgeon certificate holders under the jurisdiction of the board.”

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

“(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

“(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

“(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.”

7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

8. At all times relevant to this matter, Respondent was licensed and practicing medicine in San Jose, California.

**FACTS**

9. Patient P-1<sup>1</sup> was 65-years-old at the time of her death on February 24, 2014. She had been Respondent's patient since at least 1996. Patient P-1 was in a motor vehicle accident in August 2001 and complained of neck and upper shoulder pain from whiplash. Respondent prescribed acetaminophen with codeine for her pain but started prescribing hydrocodone with acetaminophen<sup>2</sup> (hydrocodone/APAP) on a regular basis in late 2002 and continued until her death in February 2014. In 2005, Respondent started writing regular prescriptions for lorazepam<sup>3</sup>

<sup>1</sup> The patient is designated in this document as Patient P-1 to protect her privacy. Respondent knows the name of the patient and can confirm her identity through discovery.

<sup>2</sup> Hydrocodone bitartrate is an opioid analgesic. Hydrocodone with acetaminophen—hydrocodone/APAP—is sold under trade names such as Norco and Vicodin. It is a Schedule II controlled substance and narcotic and is a dangerous drug as defined in section 4022. Hydrocodone can produce drug dependence and, therefore, has the potential for being abused. It has a CNS depressant effect. The strength of a tablet is indicated by mg of hydrocodone/mg of acetaminophen, e.g., 5/500 reflects 5 mg of hydrocodone and 500 mg of acetaminophen. Confusion, agitation, and even hallucinations are known side effects.

<sup>3</sup> Lorazepam, also known by the trade name Ativan, is a benzodiazepine. It is a psychotropic drug for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022, and a schedule IV controlled substance. Lorazepam can produce psychological and physical dependence. Since lorazepam has a central nervous system depressant effect, special care should be taken when prescribing lorazepam with other CNS depressant drugs such as opioids or other benzodiazepines.

1 for P-1. There is no documentation of counseling regarding the risks of taking opioid  
2 medications and the increased risks of combining them with other sedating medications such as  
3 benzodiazepines.

4 10. Patient P-1's early diagnoses were, among other things, hypertension, hyperlipidemia,  
5 obesity, and schizophrenia. Back pain, Diabetes Mellitis, bipolar disorder, and eventually,  
6 chronic obstructive pulmonary disease (COPD) appeared as diagnoses during the course of her  
7 treatment by Respondent.

8 11. As early as 2009, P-1 regularly sought early refills of her hydrocodone/APAP  
9 prescriptions. On June 6, 2011, P-1 told Respondent that she needed an early refill because her  
10 medications had been misplaced or stolen and Respondent provided her with a new prescription  
11 for hydrocodone/APAP 7.5/750, four times a day as needed—that is, up to 30 mg a day. He  
12 ordered a drug screen.

13 12. On December 25, 2011, Patient P-1 was admitted to Good Samaritan Hospital with  
14 altered mental status. On December 27, P-1's sister sent Respondent a letter advising him of her  
15 hospitalization and that it appeared to be related to an overdose of pain medication. She also  
16 wrote that for years P-1 had been intermittently abusing drugs and alcohol.

17 13. Patient P-1's next office visit with Respondent after her sister's letter was on January  
18 16, 2012. At that time P-1 told Respondent that she had been hospitalized for narcotic abuse after  
19 an episode of confusion and that she was now off all narcotics. There is no documentation in  
20 Respondent's chart notes for P-1 of a discussion of her pain levels, drug use, or her sister's letter.

21 14. On April 15, 2012, Patient P-1 was again admitted to Good Samaritan Hospital with  
22 altered mental status. An addiction medicine consult concluded that she was suffering from acute  
23 delirium, likely from intoxication or withdrawal from Soma<sup>4</sup> or possible overmedication on  
24 Abilify<sup>5</sup>.

25 <sup>4</sup>Soma, a trade name for carisoprodol, is a muscle relaxant and sedative. Carisoprodol is a  
26 dangerous drug as defined by Business and Professions Code section 4022 and has been a  
27 Schedule IV controlled substance since January 11, 2012. Using carisoprodol together with  
28 hydrocodone may increase side effects such as dizziness, drowsiness, confusion, and difficulty  
concentrating.

<sup>5</sup> Abilify, a trade name for aripiprazole, is a psychotropic drug. It is used to treat certain  
(continued...)

1        15. Respondent's notes of his office visit with Patient P-1 on May 4, 2012, her first visit  
2 after being discharged from the hospital, say that P-1 had passed out due to too many narcotics  
3 and that she was now off all narcotics and Soma. There is no documentation of a discussion of  
4 her opioid use nor any mention of her pain status. Respondent resumed prescribing  
5 hydrocodone/APAP for P-1 on May 18, 2012. The prescription was for 5/500 strength, 2 tablets a  
6 day as needed—that is, up to 10 mg of hydrocodone a day.

7        16. Respondent had prescribed benzodiazepines fairly regularly throughout his treatment  
8 of Patient P-1. Starting on May 31, 2012 until her death in February 2014, he prescribed  
9 diazepam<sup>6</sup> 5 mg, 60 tablets, approximately every 30 days.

10       17. On August 10, 2012, Respondent increased Patient P-1's hydrocodone/APAP  
11 prescription to 7.5/500 strength, no more than 6 tablets a day—that is, up to 45 mg of  
12 hydrocodone a day.

13       18. Patient P-1's next office visit with Respondent was August 17, 2012. There is no  
14 documentation of a discussion of pain status or opioid use.

15       19. On February 19, 2013, Respondent rejected Patient P-1's request for an early refill of  
16 hydrocodone/APAP 7.5/500 (maximum of six tablets a day) "due to overuse."

17       20. At Patient P-1's February 25, 2013 office visit, she told Respondent that she wanted  
18 to cut down on hydrocodone/APAP to 5/500 strength, 6 tablets a day—that is, 30 mg of  
19 hydrocodone a day. There is no documentation of P-1's pain level or of a discussion of  
20 Respondent's rejection of P-1's request days earlier for a refill of a higher strength tablet.

21       21. At Patient P-1's May 20, 2013 visit, she said she felt great. The visit after that, on  
22 August 18, 2013, she complained of a lot of back pain and hip pain and said that  
23 hydrocodone/APAP did not help anymore. She said that she had been miserable lately.

24 \_\_\_\_\_  
25 (...continued)  
26 mental/mood disorders (such as bipolar disorder, schizophrenia, Tourette's disorder, and  
27 irritability associated with autistic disorder). It is a dangerous drug as defined in section 4022.

28       <sup>6</sup> Diazepam, also known by the trade name Valium, is a benzodiazepine. It is a  
psychotropic drug used for the management of anxiety disorders, the short-term relief of the  
symptoms of anxiety, muscle spasms, and seizures. It is a dangerous drug as defined in section  
4022 and a Schedule IV controlled substance. Diazepam is a CNS depressant.

1 Respondent described her as having a limping gait and needing a cane to ambulate. He said that  
2 she had a scoliotic back and diagnosed her with osteoarthritis of the spine and hip. He prescribed  
3 Methadone<sup>7</sup> 10 mg, one tablet twice a day. While he checked the "diet, exercise, meds  
4 compliance, side effects, BBW [black box warning]" box, he did not document a discussion of  
5 Methadone and its risks and side effects or a plan for follow-up.

6 22. Patient P-1's last visit with Respondent was on November 18, 2013. She said that her  
7 pain was well-managed with her existing narcotics and that she had not filled the methadone  
8 prescription yet. She had tender back and hips and a limping gait. Respondent prescribed  
9 Methadone 10 mg, 2 tablets a day, and reduced P-1's Vicodin prescription to 7.5/325, 3 tablets a  
10 day, that is, from 30 mg a day to 22.5 mg a day.

11 23. Respondent renewed Patient P-1's Methadone 10 mg prescription on January 16,  
12 2014 and added Xanax 1 mg, 1 tablet daily. He renewed both prescriptions approximately a  
13 month later. In addition, he was prescribing a low level of trazodone<sup>8</sup> for P-1 on a regular basis.

14 24. Patient P-1 was found dead on February 24, 2014. Respondent was contacted by the  
15 coroner to complete the death certificate. Respondent identified the immediate cause of death as  
16 cardiac arrest with atherosclerotic heart disease and diabetes as conditions leading to the cardiac  
17 arrest. He also listed chronic obstructive pulmonary disease as a contributing factor. He signed  
18 the certificate of death on February 25, 2014. Respondent's medical records for Patient P-1 do  
19 not reflect that she had any atherosclerosis that would have led to heart disease.

20 ///

21 ///

22 ///

23  
24 <sup>7</sup> Methadone is a long-acting opioid medication. It is a dangerous drug as defined in  
25 section 4022 and a schedule II controlled substance and narcotic as defined by section 11055 of  
26 the Health and Safety Code. Methadone is used to treat moderate to severe pain and to treat  
27 narcotic drug addiction. Methadone can produce drug dependence and, therefore, has the  
28 potential for being abused. It has a CNS depressant effect.

<sup>8</sup> Trazodone hydrochloride is an antidepressant in a class of medications called serotonin  
modulators. Trazodone may also be used to treat anxiety and insomnia. It is a dangerous drug as  
defined in section 4022. Trazodone is a CNS depressant and may enhance the response to  
alcohol, barbiturates, and other CNS depressants.

1 **CAUSE FOR DISCIPLINE**  
2 **(Gross Negligence, Repeated Negligent Acts, Failure to Maintain Adequate Records)**

3 25. Respondent is guilty of unprofessional conduct and subject to disciplinary action  
4 under section 2234, subdivision (b) (gross negligence) and/or (c) (repeated negligent acts), and/or  
5 section 2266 (inadequate records) of the Code in that Respondent was grossly negligent and/or  
6 committed repeated negligent acts and/or failed to maintain adequate records in the practice of  
7 medicine for inappropriately managing chronic pain and medications by engaging in the conduct  
8 described above including, but not limited to, the following:

9 A. Respondent prescribed a variety of CNS depressants for Patient P-1 without  
10 documenting counseling regarding the risks and side effects of the medications despite P-1's  
11 attempts to refill hydrocodone prescriptions early; her two hospitalizations for altered mental  
12 status, most likely from excessive medication; and a letter from her sister describing a history of  
13 drug and alcohol abuse.

14 B. Respondent prescribed for Patient P-1 an inappropriately high dose of methadone in  
15 conjunction with the other medications she was taking without close follow-up and without  
16 counseling regarding side effects and risks.

17 C. Respondent documented in Patient P-1's certificate of death that she had died from  
18 cardiac arrest resulting from atherosclerotic heart disease and diabetes although the medical  
19 records do not indicate that she had any atherosclerosis that would have led to heart disease.

20 **PRAYER**

21 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
22 and that following the hearing, the Medical Board of California issue a decision:

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number A48809,  
24 issued to Jean Francois Luong, M.D.;

25 2. Revoking, suspending or denying approval of Jean Francois Luong, M.D.'s authority  
26 to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice  
27 nurses;  
28



1           3.     Ordering Jean Francois Luong, M.D., if placed on probation, to pay the Board the  
2 costs of probation monitoring; and

3           4.     Taking such other and further action as deemed necessary and proper.

4  
5 DATED: May 4, 2017

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*